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|---------------------------|----------|--------|----------|
| POSITION                  | INITIALS | ID NO. | DATE     |
| FEE DETERMINATION         | W. G     |        | 9/8/40   |
| O.I.P.E. CLASSIFIER       |          | 13     | 9/13/40  |
| FORMALITY REVIEW          |          |        |          |
| RESPONSE FORMALITY REVIEW | 59573    |        | 10/20/40 |

### INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

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| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 9/13/40 |
| 2     | ✓     | ✓        | 9/13/40 |
| 3     | ✓     | ✓        | 9/13/40 |
| 4     | ✓     | ✓        | 9/13/40 |
| 5     | ✓     | ✓        | 9/13/40 |
| 6     | ✓     | ✓        | 9/13/40 |
| 7     | ✓     | ✓        | 9/13/40 |
| 8     | ✓     | ✓        | 9/13/40 |
| 9     | ✓     | ✓        | 9/13/40 |
| 10    | ✓     | ✓        | 9/13/40 |
| 11    | ✓     | ✓        | 9/13/40 |
| 12    | ✓     | ✓        | 9/13/40 |
| 13    | ✓     | ✓        | 9/13/40 |
| 14    | ✓     | ✓        | 9/13/40 |
| 15    | ✓     | ✓        | 9/13/40 |
| 16    | ✓     | ✓        | 9/13/40 |
| 17    | ✓     | ✓        | 9/13/40 |
| 18    | ✓     | ✓        | 9/13/40 |
| 19    | ✓     | ✓        | 9/13/40 |
| 20    | ✓     | ✓        | 9/13/40 |
| 21    | ✓     | ✓        | 9/13/40 |
| 22    | ✓     | ✓        | 9/13/40 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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